



Gender, sexuality and HIV: making a difference in the lives of young women in developing countries

ELLEN WEISS, DANIEL WHELAN
& GEETA RAO GUPTA

International Center for Research on Women, Washington, DC, USA

ABSTRACT *Most new HIV infections are occurring in young people, with young women hit particularly hard in parts of the developing world. This paper explores the impact of gender and sexual norms on young women's sexual experiences, expectations and vulnerability to HIV/AIDS. It argues that the power imbalance characteristic of sexual relations among men and women has many of its roots in adolescence. The data that support these findings were collected from studies conducted in Africa, Latin America, and Asia and the Pacific as part of the Women and AIDS Research Programme of the International Center for Research on Women. The paper concludes with recommendations for educators, therapists, and counsellors who work with young people and their families.*

Introduction

Adolescents between the ages of 10 and 19 currently constitute 20% of the world's population, with more than four-fifths living in developing countries (WHO, 1999) [1]. By the year 2005 there will be more than 1 billion adolescents in the world (Mensch *et al.*, 1998). In many societies adolescents are no longer fully under the control of adults, but not yet entrusted with adults' rights and responsibilities. As they enter a world of new social relationships, they are challenged with reconciling cultural and familial norms of behaviour with emerging sexual feelings and desires. Survey data show that many young people in developing countries initiate sexual activity during their adolescent years and prior to marriage (Senderowitz, 1995). Consequently, an ever growing body of data has revealed that early sexual initiation and unprotected sexual activity can lead to tragic social, economic, and health consequences.

In developing countries, it is estimated that as many as 60% of all adolescent

Correspondence to: Ellen Weiss, International Center for Research on Women, 4301 Connecticut Avenue, NW, Washington, DC, 20008, USA.

pregnancies and births are unintended. Early pregnancy can compromise young women's health through childbearing or unsafe abortion. Early parenthood can also interrupt schooling, which can lead to fewer job possibilities and lower income (McCauley & Salter, 1995). Of the more than 300 million new cases of sexually transmitted infections (STIs) that occur in the world each year, about a third are in young people under 25 (WHO, 1999). It has been well established that, besides a host of debilitating reproductive health *sequelae* of STIs, including infertility, the presence of an STD can increase the likelihood of HIV transmission (Heise & Elias, 1994). Throughout the world, about half of new HIV infections occur among young people before they reach their 25th birthday (UNAIDS, 1999), with young women aged 15 to 24 years outnumbering their male counterparts in some locales by as much as three to one (Study group on heterogeneity of HIV epidemics in African cities, 1999).

What the statistics on adolescent sexual behaviour and its consequences do not reveal, however, is the context in which risk behaviour takes place, including the factors that contribute to unprotected sex and how these factors differ for young males and females. Such information is critical for interventions that meet the gender-specific needs of young people. While previous research has identified a number of factors that influence sexual risk among youth, such as lack of information and services (McCauley & Salter, 1995), this paper will argue that such factors are not gender-neutral. There are social, cultural and economic forces that result in gender differences in sexual experiences and expectations, as well as affecting the ability to adopt HIV/STI preventive behaviours. This paper will illustrate that the power imbalance characteristic of gender relations among adults—with women having less access to critical resources than men—has many of its roots in childhood and adolescence.

The data supporting these findings were gathered as part of the *Women and AIDS Research Program* conducted by the International Center for Research on Women (ICRW) with financial support from the United States Agency for International Development. The aim of the programme was to examine the factors that influence women's risk of HIV infection and identify opportunities for policy and programme intervention. To meet the programme's goals, studies were carried out in Africa, Asia and the Pacific, and Latin America that explored sexual beliefs, attitudes and behaviour; sexual and reproductive communication and decision making; and sexual coercion and violence. Research teams utilized a mix of quantitative (e.g. survey) and qualitative (e.g. focus groups, individual interviews, participant observation and diaries) methods of data collection. Study populations included adults in rural and urban communities, school-going and non-school-going adolescents, factory workers and community leaders. Most of the studies collected data from both females and males. This paper draws on data from 13 studies whose findings pertain to young people, particularly young women.

Some of these studies included samples representative of the population on which they were conducted, whereas the samples of others were small and purposive. What is noteworthy about the data is the degree of commonality of experiences from diverse social and cultural settings. Another important feature of

the results is that they provide an in-depth understanding of family, peer, partner and societal dynamics that influence the sexual lives of young people. Because young women and men are in the early stages of developing attitudes, communication patterns and behaviour related to sex and relationships, intervening at this stage can have a profound effect on slowing the course of the HIV/AIDS epidemic. World-wide, this window of opportunity is increasingly being recognized, as demonstrated by the attention paid to young people during the 1994 United Nations International Conference on Population and Development held in Cairo, by the 1995 UN Fourth World Conference on Women in Beijing, and by the 1998 and 1999 World AIDS Campaigns coordinated by UNAIDS. This paper contributes to the growing body of data that support the allocation of resources to programmes for young people as a cornerstone of national health and development policies.

Key findings

The importance of gender differences in socialization

In most societies, gender relations are characterized by an unequal balance of power, with women having less access than men to education, training and productive resources such as land and credit (Sivard, 1995). The construction of male and female sexuality reflects the inequalities of the social and economic spheres of life. As a result, men are more likely than women to initiate and control sexual interactions and decision making, which has implications for women's vulnerability to HIV infection (Heise & Elias, 1994; du Guerny & Sjöberg, 1993).

Two studies conducted in Mumbai (Bombay), India, suggest that the power imbalance characteristic of gender relations among adults can be shaped by family and household dynamics that occur during childhood and adolescence. Differences in household roles and responsibilities ascribed to girls and boys have implications for women's ability to communicate, make decisions, and seek information and services throughout their life cycle. Data from the study conducted by Bhende (1995) among low-income adolescents aged 12–18 show that females live in a constricting and limiting environment because of gender-based discrimination. The young unmarried women offered these observations:

Of course boys are given more importance in the house. After 14 a girl is like a stranger who lives in the house only temporarily (before marriage). The boy has a right over the house. It is not the same with the girl.

A girl is beaten up by her father, mother, and also her elder brother. A boy is never abused by anyone.

Results from the community survey showed that over 80% of adolescent females, compared with 29% of adolescent males, were responsible for household chores. This translated into increased mobility, spare time and time spent away from the household for adolescent boys. Furthermore, most males reported that they were consulted by their parents when important family decisions were made. The same was not true for adolescent girls (Bhende, 1995).

Data from a second study in India conducted by George & Jaswal (1995) demonstrated the similarities in gender roles between adolescent girls and adult women. The low-income, ever-married adult women who participated in a series of group discussions perceived themselves to be economically dependent on their husbands, and reported that their mobility was restricted and that they had little say in household and sexual decision making. Few knew about menstruation and sexual intercourse before their occurrence. Through verbal comments and the use of force, the women understood that they were expected to fulfil the sexual needs of their husbands. According to one woman, "A woman does not have much say in the house. He is the husband. How long can we go against his wish?" The women also pointed out that they felt powerless to ask their husbands to use condoms, especially when sex was demanded through force, violence, or when the husband was using alcohol.

Beyond household roles and responsibilities, studies conducted in Guatemala, Zimbabwe, Thailand and Mexico found that, while adults regularly admonish adolescent girls to avoid boys and remain virgins, adolescent boys encounter fewer restrictions regarding their own sexual behaviour (Bezmalinovic *et al.*, 1994; Wilson *et al.*, 1995; Thongkrajai *et al.*, 1994; Givaudan *et al.*, 1994). Some adolescent males are actually encouraged to use their teenage years as a time to experiment. According to male and female adult respondents in the Guatemala study, for example, it is commonly believed that sex is necessary for the mental and physical health of young men (Bezmalinovic *et al.*, 1994).

As a result of family, social, and peer influences, sexual experience is seen as a desired goal for boys and linked to their developing concept of masculinity. In the community-based study conducted by Wilson *et al.*, (1995), Zimbabwean male adolescents aged 14–18 noted that it was considered prestigious to engage in sexual intercourse and reported talking about their sexual experiences (both real and imagined) with their friends, brothers and cousins. When asked which sexual topics they wanted to know more about, many males mentioned how to attract a woman and start a sexual relationship—a topic not mentioned by adolescent girls. When adolescent males and females in the Zimbabwe school-based study were asked to state the negative aspects of sex, no male mentioned shame and abandonment as a result of losing one's virginity, which was the most common answer given by females (Bassett & Sherman 1994).

The recognition and condoning of multiple partners for men but not for women, a social norm common in many countries (Heise & Elias, 1994; Gómez & Marín, 1996; Harrison *et al.*, 1997) appears to be well entrenched by adolescence. Among young female factory workers aged 15–24 interviewed in Thailand, there was widespread acceptance of a young man's infidelity and, to a lesser extent, multiple sexual partnerships. Some young women noted that, if a young man did not visit prostitutes, they would think he was a homosexual (Cash & Anasuchatkul, 1995). All of the 30 young male workers aged 15–25 interviewed in a Mauritius study reported serial or simultaneous sexual relationships with both married and unmarried women (Schensul *et al.*, 1994). During group discussions, many Zimbabwean secondary school students noted that having more than one girlfriend

was seen as “heroic” and a way to “gain experience in kissing and lovemaking”. Although most felt it was acceptable for them to have more than one girlfriend, the adolescent boys agreed that their girlfriends should not have other boyfriends. Interestingly, while these males displayed bravado during male-only discussions, their written comments on an anonymous questionnaire revealed confusion over their maturing sexuality and male-defined sex roles. According to one adolescent boy:

If too many girls propose to you, will you ever be able to say no all the time? Well it happens like this: since Form 1, I think about 10 girls have tried to get me to kiss them. Is it that I am weak in a way, or should I never talk to a girl alone? (Bassett & Sherman, 1994)

Despite some uncertainty on the part of the Zimbabwean male students, the findings overall indicate that having many sexual experiences and starting sexual activity during adolescence is a socially acceptable facet of masculinity. The data also highlight that social and sexual inequalities promulgated during childhood and adolescence increase not only men’s risk of HIV/STI through their own behaviour, but their female partner’s risk as well—since women cannot negotiate safe sexual behaviour as equals in a relationship. Given the important meanings of masculinity and femininity, it is critical that interventions include opportunities for males and females to discuss these concepts and their relationship to sexual risk and responsibility.

Social expectations of virginity

In many cultures, a high value is placed by the family and society on maintaining girls’ virginity until marriage. According to one young woman in Mauritius, “Virginity is the pride and honour of the girl and also her family” (Schensul *et al.*, 1994). To unmarried adolescent factory workers in Chiang Mai, not being a virgin means “losing face for oneself and one’s family” and having “people say that you are bad” (Cash & Anasuchatkul, 1995). Male and female secondary students in Khon Kaen, Thailand, denoted the loss of virginity for girls as “to lose the body”. Such girls were described in the local vernacular as being a “dead thing” (Thongkrajai *et al.*, 1994). Adolescent women from Recife, Brazil aged 13–19 reported negative repercussions from losing one’s virginity, including gossip, pressure from boys to have sex, and neighbours not allowing their daughters to play with non-virgins (Vasconcelos *et al.*, 1995).

Although delayed sexual initiation should be a goal of HIV/STI prevention programmes, in some instances social pressure to remain a virgin can contribute to young women’s risk of infection and act as a barrier to their adoption of preventive behaviours. For example, alternative sexual practices may be substituted for vaginal intercourse in order to protect the girl’s virginity. Respondents in Brazil and Guatemala mentioned that young people practice anal sex as a means to protect a girl’s virginity and prevent conception (Vasconcelos *et al.*, 1995; Bezmalinovic *et al.*, 1994).

In Mauritius, loss of virginity is associated with the pain and bleeding related to the breaking of the hymen, and therefore serves as a barometer in establishing sexual limits. Any sexual activity that does not cause pain is perceived as 'safe' in terms of protecting virginity. Female respondents described the practice of 'light sex' (*dans bord*) which they consider to be distinct from sexual intercourse. In-depth questioning revealed that light sex involves rubbing the penis against the vagina and penetration up to the point of pain. According to one young woman in Mauritius:

Once we were both alone at his place and we started kissing and caressing each other. He wanted to have sex with me, but I said no at first, then he insisted and I told him to do it *dans bord*. I did not feel any pain and I am still a virgin. (Schensul *et al.*, 1994)

Beyond its physiological definition, virginity is associated with passivity and ignorance about sexual matters (Carovano, 1992). Findings from Brazil, India, Mauritius and Zimbabwe—countries diverse yet similar in terms of societal emphasis on premarital chastity for girls—revealed that young women lack basic knowledge about their bodies and sexuality (Vasconcelos *et al.*, 1995; Bhende, 1995; Schensul *et al.*, 1994; Bassett & Sherman, 1994). This lack of knowledge is supported by norms that dictate that 'good' women should not know about sex or the functioning of their sexual and reproductive organs. In societies that promote such a culture of silence, girls are reluctant to seek information for fear they will be suspected of being sexually active. At the same time, adults are reluctant to provide sex education, particularly to adolescent girls, for fear that this will lead to sexual activity.

The studies found young women face tremendous social pressure to maintain an image of innocence regardless of the true extent of their knowledge or sexual experience. Unmarried female factory workers in Chiang Mai noted that, even though they know about sex, they must remain silent among friends, especially men, and pretend that they did not know anything, "otherwise people might think badly of us". Many remarked that, if a young woman showed she knew about sex, that was taken to mean she had had sexual experience and, therefore, she risked stigmatization (Cash & Anasuchatkul, 1995). Male and female respondents in the Guatemala study felt that men should be more knowledgeable and experienced in sexual matters and be women's teachers. According to a male respondent, "It's better that he [the husband] is the one to open her eyes. It should be him" (Bezmalinovic *et al.*, 1994).

Young women are also reluctant to take precautions against pregnancy, STIs, and HIV because this implies assuming the outward appearance of an active sexual life, which is not congruent with traditional norms of conduct for adolescent females. For example, young women in Mauritius described their concern that just talking about sex-related issues with their boyfriends would make them suspicious about where the girls received such information (Schensul *et al.*, 1994). Nigerian university students highlighted the negative repercussions of asking their male partners to use condoms:

For some boys, you don't dare offer them a condom. They will immediately feel you play around and that you are cheap. (Uwakwe *et al.*, 1994)

The majority of adolescent women in the Chiang Mai study viewed the consequences of asking their partners to use condoms for HIV prevention in terms of the potential losses—loss of the relationship, loss of trust, loss of belief in their goodness or virtue, and loss of acceptance by peers (Cash & Anasuchatkul, 1995). Adolescent females in Brazil noted that they were afraid to access gynecological services. According to one Brazilian girl:

For an adolescent to go to a health post she has to go with her mother. Imagine if I ask my mother to take me to a gynecologist! She will say I am no longer a virgin. (Vasconcelos *et al.*, 1995)

For these and other young women, the potentially negative social consequences of adopting preventive behaviours appear to be more significant than the health consequences of unwanted pregnancy, STIs or HIV/AIDS. These data underscore that societal emphasis on virginity leads to a failure to provide young women with information and services and denies them access to the tools of disease and pregnancy prevention.

Young women's sexual feelings and experiences

Despite social norms that restrict women's sexuality, many young women have sexual intercourse before marriage. As expected, the studies found that desire to love and be loved is one of the principal reasons why young women begin sexual relations. According to a female secondary-school student from Zimbabwe, "You have sex so that you can strengthen your love" (Bassett & Sherman, 1994). Young women also described experiencing sexual desire—an important finding given that young women's sexual feelings are often neither recognized nor acknowledged. A young unmarried woman working in an export processing zone (EPZ) in Mauritius commented: "My partner would sneak in my room at night when my parents were asleep and we would have sex. But it has been a year now since I last had intercourse. When one is used to sex, one cannot do without it, and as soon as the man touches me, I feel hot" (Schensul *et al.*, 1994).

The sexually active adolescents girls living in rural Malawi who ranged in age from 10 to 18 reported that they look forward with excitement to having sex. They noted that they and their friends made appointments to meet their boyfriends in very secluded places, such as a forest, cave, or under a bridge where people cannot see them. As one adolescent girl noted, "Then it is right in those places where boys and girls do sex peacefully". Interestingly, the mean age at first intercourse among this study population was 13.63 years and 58% reported having sex before beginning menstruation (Helitzer-Allen, 1994).

But love and desire only partially explain young women's sexual experiences. Several of the studies found that economic gain was a motivating

factor for some females. Young women in the Zimbabwe school-based study, for example, acknowledged the existence of 'sugar daddies' in their communities—older men who seek out adolescent schoolgirls for sex in exchange for money or gifts. Several of the respondents mentioned being approached by these men, and reported that the money (particularly for school fees, lunch and transportation) was the motive underlying girls' relationships with these men. Very few, however, mentioned that their peers might actually be in love with an older man. The adolescent girls perceived that older men desire relationships with schoolgirls rather than with women their own age because the men want someone who is "free of disease" and has "few expectations". At the same time, respondents acknowledged that some girls try to attract an older man and initiate a relationship for economic and material gain (Bassett & Sherman, 1994).

Exchanging sex for economic gain was reported by female respondents in other studies. In the Malawi study, two-thirds of 168 female adolescents who reported having sexual intercourse acknowledged accepting money or gifts for sex (Helitzer-Allen, 1994). Eighteen percent of 274 sexually active Nigerian university women admitted having sex for favours, money or gifts (Uwakwe *et al.*, 1994). A number of young women interviewed in the Papua New Guinea study stated they had sex with men in exchange for beer, food and favours. For example, one 19-year-old related the following:

When I went to dance parties, the sex partner paid my gate fees and gave me money. When I was by myself the second sexual partner would come with offers of food and money and make me agree to have sexual intercourse with him. The food he brought was cooked and eaten with my girlfriends after he had gone away to his house. I earn my income from this man and my own parents. (Jenkins *et al.*, 1995)

Some of the studies also uncovered instances of sexual coercion and rape [2]. More than half of the 168 sexually experienced adolescent girls in the Malawi study said they had been forced to have sex. One female respondent noted that some boys became furious if girls refused their sexual invitations. According to another:

When her boyfriend approached her to have sex she refused, so the boy forced her until he removed her pants and at last they had sex. She told me that she even cried because she was afraid of getting pregnant and stopping school. (Helitzer-Allen, 1994)

In the Nigeria study, 20.6% of 274 sexually active university women surveyed said they had been forced to have sex (Uwakwe *et al.*, 1994). More than half of 130 married and unmarried, rural and peri-urban women queried on the matter in the Papua New Guinea study said they had been forced to have sex against their will. These women reported being coerced into unwanted sex at gun or knifepoint, being bound with rope, and being attacked verbally, including suffering threats of being killed, thrown out into the night, exposed to the village and their parents, or of being forced into having sex with other men. A 16-year-old female from Papua New Guinea described her experience:

When my boyfriends ask me to have sex, I put my mind on it ... and go ahead. If I refuse, they threaten me with knives. I have been frightened for my life, so I just give in to each of them. Sometimes these boyfriends get drunk and come and force me to have vaginal intercourse. I fear my body getting spoiled from rough sex. This takes place at social parties. Rough, forced sex makes me feel bad. (Jenkins *et al.*, 1995)

Findings from the interviews with males in Papua New Guinea corroborated women's accounts of forced sex, particularly those in which more than one male participated. For example, according to one 18-year-old male:

[I] took part in one occasion where my friend and I forced an 11-year-old school girl to have sex with us. She sexually aroused me and there were two of us and we forced her to have sex and told her to take it easy. (Jenkins *et al.*, 1995)

Findings from the studies show that young women's sexual experiences are driven by a wide range of factors—romance, sexual desire, economic gain and sexual coercion. These results underscore the need for strategies that acknowledge the range of young women's sexual experiences, and the limitations that each of those experiences places on their ability to protect themselves from unwanted pregnancy, STIs and HIV/AIDS.

Conclusion and recommendations

Findings from the studies described here demonstrate that young women are at risk of unintended pregnancy, STIs and HIV/AIDS because of unprotected sexual activity. But the data also highlight that cultural and socioeconomic factors restrict their ability to adopt protective behaviours. These behaviours include accessing condoms and reproductive health services, seeking information about sexual matters, discussing sex and condom use with their partners and refusing unwanted sex.

Young women's vulnerability can be attributed, in part, to family and societal concepts of masculinity and femininity that are communicated during childhood and adolescence, and that ultimately influence sexual and household roles throughout the life cycle. The studies show that young women have sex for romance, sexual desire, economic gain and because of coercion; that they lack knowledge about their bodies; and that they are more concerned about the social costs of adopting preventive behaviours than the health consequences of not doing so.

These findings indicate that interventions to increase the adoption of protective behaviour must be based on an understanding of the socioeconomic context of the lives of young women and men, of sexual meanings in their culture, and gender dynamics in the household, community and in intimate relationships (Dowsett *et al.*, 1998; Mensch *et al.*, 1998). Therefore adolescent girls need more than warnings and simplistic messages from families, schools and other institutions, such as 'don't play with boys' and 'stay a virgin until you get married'. The findings also highlight

that interventions designed to safeguard adolescent girls' health must involve adolescent boys as well as adult women and men in order to respond to gender-specific needs of males and females as well as to foster gender equity. Moreover, the data underscore that a health framework alone cannot guide the development of policies and programmes that safeguard young women's sexual and reproductive health, given the need to improve their social status and acquire resources that is not dependent on their sexuality (Hulton *et al.*, 2000).

The following recommendations emerged from the data and have particular relevance for educators, counsellors and therapists:

Shape education about sexuality and relationships in the context of gender roles

Both young women and men need information about physical and sexual development, STIs and HIV/AIDS. And they need this information before they begin sexual activity. But young people also need opportunities to ask questions and to discuss their sexual feelings and concerns, relationships (including those in which sex is exchanged for economic gain), and concepts of masculinity and femininity. Adolescent girls and boys need to talk among themselves, with the opposite sex, and with adults to discuss and debate social norms, values, and gender expectations. Such opportunities are critical in helping young women overcome negative social norms that restrict their role in sexual interactions and in developing a healthy and positive approach to their own sexuality. Besides providing opportunities to talk, these forums should also help young people, particularly females, develop communication and assertiveness skills to resist physical and psychological pressure to have unwanted sex.

While schools can reach many adolescents, significant numbers in developing countries are not part of the formal educational system. Therefore, community- and work-based programmes that address HIV/AIDS in a broader context are needed. In addition to face-to-face education, the mass media can play an important role in modifying concepts of masculinity and femininity and their relation to sexuality and HIV risk. These tools should be used not only to promote condoms but also to change notions about women's and men's roles in sexual communication and decision making.

Recognize that sexual coercion and violence is often pervasive yet hidden

Particularly disturbing is the extent to which sexual coercion characterizes young women's sexual experiences, leaving them powerless to protect themselves against pregnancy and disease. Other research data suggest that sexual abuse in childhood and adolescence is associated with high-risk sexual behaviour later in life (Heise *et al.*, 1999). To deal with sexual coercion, violence and rape, multiple strategies are needed. Young women and young men who have experienced sexual abuse need access to counselling and legal services, therefore these services need to be developed and expanded. Family-planning, school-, community- and work-based

programmes that target young people must establish linkages with other community-based efforts that provide these services.

It is also crucial that efforts be made to move the topic of sexual violence from the private to the public sphere, where it is more likely to receive public policy attention. This can be done by including sexual coercion as a topic for discussion in face-to-face education, using the mass media to challenge notions about sexual violence and rape, and widely disseminating research results that document the prevalence of gender-based violence, including sexual violence, in the lives of adolescent and adult women. In addition, policy makers and programme practitioners must advocate appropriate legal action to punish perpetrators of sexual violence.

Encourage young women's access to education and economic resources

Education (both formal and informal) and financial independence can profoundly influence women's status in the household and community, and their ability to take precautions against STIs and HIV/AIDS (Heise & Elias, 1994; Pulerwitz *et al.*, in press). Therefore, helping adolescent girls and their families make decisions about girls' future livelihoods should be a critical component of all sexual and reproductive health education and counselling.

Advocate policies and programmes to address the root causes of young women's vulnerability

Educators, counsellors and therapists can play a valuable role in linking their voice to that of groups advocating improved policies and programmes to address gender discrimination in the household, schools, health sector, workplace and community.

Acknowledgments

The authors would like to acknowledge the enormous contribution of the researchers who have been part of ICRW's Women and AIDS Research Program to the field of gender and sexuality. We would also like to thank the adolescent and adult women and men who participated in the research for sharing their opinions and experiences.

Notes

- [1] This paper uses the definitions of adolescents and young people adopted by the World Health Organization, whereby 'adolescents' are persons 10–19 years of age and 'young people' covers the age range 10–24 years (see WHO, 1989).
- [2] While sexual coercion frequently affects males, this paper reports the programme findings on gender-based sexual violence against females. This type of violence includes physical and sexual abuse and is denoted as 'gender-based' because it evolves and perpetuates thanks to women's subordinate status in society (Heise *et al.*, 1999).

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Contributors

ELLEN WEISS, *Reproductive Health Specialist*
 DANIEL WHELAN, *Doctoral Candidate*
 GEETA RAO GUPTA, PhD, *President, ICRW*

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